

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO.

HZ187476

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty. (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION																																	
NAME (LAST - FIRST - M.I.) LAGUNAS, ALEJANDRO		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR ADDRESS OF OCCURRENCE 3704 W POLK ST																																	
STAR NO. 9916	POSITION POLICE OFFICER	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago) _____																																
DATE OF APPOINTMENT 28-OCT-2002	EMPLOYEE NO. _____	LOCATION CODE 291-RESIDENTIAL YARD (FRONT/BAC)																																	
UNIT OF ASSIGNMENT 011	BEAT/CALL NO. 1162D	BEAT OF OCCURRENCE 1133																																	
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE HISPANIC	DATE OF OCCURRENCE 14-MAR-2016	TIME 21:46:00																																
HEIGHT 5'07"	WEIGHT 188	DAY OF WEEK MONDAY																																	
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED <table border="1" style="float: right; width: 30%;"> <tr> <td><input checked="" type="checkbox"/> 1. ON DUTY</td> <td>WORKING:</td> </tr> <tr> <td><input type="checkbox"/> A. UNIFORM, PATROL DUTY</td> <td><input type="checkbox"/> A. ALONE</td> </tr> <tr> <td><input type="checkbox"/> B. UNIFORM, OTHER DUTY</td> <td><input type="checkbox"/> B. WITH ONE PARTNER</td> </tr> <tr> <td>Describe _____</td> <td><input checked="" type="checkbox"/> C. WITH MULTIPLE PARTNERS</td> </tr> <tr> <td colspan="2">How many? 3</td> </tr> <tr> <td><input checked="" type="checkbox"/> C. CITIZEN'S DRESS</td> <td>PATROL TYPE:</td> </tr> <tr> <td><input type="checkbox"/> D. TACTICAL</td> <td><input checked="" type="checkbox"/> A. SQUAD CAR</td> </tr> <tr> <td><input type="checkbox"/> E. B.I.S. UNIT</td> <td><input type="checkbox"/> B. FOOT</td> </tr> <tr> <td><input type="checkbox"/> F. SPECIAL EMPLOYMENT</td> <td><input type="checkbox"/> C. BICYCLE</td> </tr> <tr> <td><input type="checkbox"/> G. OTHER _____</td> <td><input type="checkbox"/> D. APV/MOTORCYCLE</td> </tr> <tr> <td><input type="checkbox"/> 2. OFF DUTY</td> <td><input type="checkbox"/> E. SQUADROL</td> </tr> <tr> <td><input type="checkbox"/> 3. SPECIAL EMPLOYMENT</td> <td><input type="checkbox"/> F. OTHER _____</td> </tr> <tr> <td><input type="checkbox"/> 4. SECONDARY / OTHER</td> <td></td> </tr> </table>				<input checked="" type="checkbox"/> 1. ON DUTY	WORKING:	<input type="checkbox"/> A. UNIFORM, PATROL DUTY	<input type="checkbox"/> A. ALONE	<input type="checkbox"/> B. UNIFORM, OTHER DUTY	<input type="checkbox"/> B. WITH ONE PARTNER	Describe _____	<input checked="" type="checkbox"/> C. WITH MULTIPLE PARTNERS	How many? 3		<input checked="" type="checkbox"/> C. CITIZEN'S DRESS	PATROL TYPE:	<input type="checkbox"/> D. TACTICAL	<input checked="" type="checkbox"/> A. SQUAD CAR	<input type="checkbox"/> E. B.I.S. UNIT	<input type="checkbox"/> B. FOOT	<input type="checkbox"/> F. SPECIAL EMPLOYMENT	<input type="checkbox"/> C. BICYCLE	<input type="checkbox"/> G. OTHER _____	<input type="checkbox"/> D. APV/MOTORCYCLE	<input type="checkbox"/> 2. OFF DUTY	<input type="checkbox"/> E. SQUADROL	<input type="checkbox"/> 3. SPECIAL EMPLOYMENT	<input type="checkbox"/> F. OTHER _____	<input type="checkbox"/> 4. SECONDARY / OTHER							
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Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

REPORTING MEMBER - SIGNATURE
BARNETT, THOMAS W

STAR NO.
2102

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
RUIZ, BERSCOTT F

382